



Human Resources
Mid-Atlantic & Northeast Regions

Steven S. Knepper, HR Specialist
2039 Center Square Road, Bridgeport, NJ 08014
p: 856.467.7852 f: 856.467.5478 www.vwr.com
steve_knepper@vwr.com

February 7, 2003
--delivered via USPS

Michele Carper
PO Box 763
Penns Grove, NJ 08069

Dear Michele:

Recently your supervisor notified us of your need to take a leave of absence. If approved, this leave will be counted under Family and Medical Leave. Under VWR's policies, you may take up to ninety calendar days of medical leave in a twelve-month period due to a serious health condition. You will be reinstated to your current or an equivalent position upon completion of an approved leave of up to ninety days. Please keep in mind that in some cases, any previously approved family or medical leave within the 12 months preceding when your leave begins will reduce the total amount of leave time available to you.

You must have your treating physician complete the enclosed *Certification of Health Care Provider* and you must complete the enclosed *Leave of Absence Application and Agreement*. Both forms must be returned to me by **February 24, 2003**. If you need to extend your approved leave or if the circumstances of your leave otherwise change, you must request an extension of your medical leave by contacting me and by notifying your supervisor. In either case, another *Certification of Health Care Provider* will be sent to you for your doctor to complete and return to me. You will also be required to complete an additional *Leave of Absence Application and Agreement* and return it to me.

If your total approved leave time extends beyond 90 days in a twelve-month period, VWR cannot guarantee your return to employment but will consider you for open available positions if you apply and are qualified. During your approved medical leave, VWR will continue your current benefits—to plan limitations outlined in your *VWR International Benefits* book—as if you were still actively working. You will still be responsible for the regular portion of your benefit premium payments. Before returning to work, VWR requires a medical release from your doctor.

If you have any questions about the enclosed information, please contact me at 856/467-7852.

Regards,

A handwritten signature in dark ink, appearing to be "S. Knepper", written in a cursive style.

Steven S. Knepper

/ssk

Attachments: ☒ Fact Sheet; ☒ LOA/FMLA/Rights Packet; ☒ VWR Leave of Absence Application and Agreement;
☒ Certification of Health Care Provider; ☐ New Jersey State Temporary Disability DS-1 Form

EXHIBIT 8

